

Reporting Year: _____

TELECOMMUNICATIONS ANNUAL SERVICE REPORT

*Availability of Service Capabilities, Service Offerings, Number of Customers, Access Lines & Revenues
within the State of Louisiana*

For the Louisiana Public Service Commission

**This report is to be filed with the company’s financial statements. This report alone does not fulfill
the annual reporting requirements.**

Company Name: _____

Company Address: _____

City, State, Zip: _____

Contact Person: _____ **Phone:** _____

☐ Check here if any information has changed from previous years.

**1. Please provide a general statement outlining the availability of service capabilities and
offerings provided by your company within the State of Louisiana.**

2. Number of Customers:

a. Residential: _____

b. Business: _____

3. Access Lines & Revenues by Category:

Access Lines

	January 1 st	December 31 st
Business		
Public		
Residential		
Special Access		
DSO		
DS2		
DS3		
Totals		

Annual Revenues

Business	
Residential	
Totals	